



Instructions:

**Change of Resident Agent
Name and/or Registered Office
Address by Resident Agent**

Contact:

Kansas Office of the Secretary of State

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

- ☐ 1. Submit this form with the **\$35** filing fee for for-profit entities, **\$20** filing fee for not-for-profit entities, or if this is a change to multiple entities, submit an attachment with the entity names, business entity ID numbers and their states of organization, and enclose a **\$150** fee.
- ☐ 2. This form is only for a change in name or address of a resident agent - the resident agent must remain the same person.
- ☐ 3. This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

RGO**53-__****KANSAS SECRETARY OF STATE
Change of Resident Agent Name and/or
Registered Office Address by
Resident Agent****CONTACT: Kansas Office of the Secretary of State**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. I, _____, the resident agent for the entity(ies) listed below, do hereby certify that I have changed my name and/or the registered office address in the state of Kansas for the following business entity(ies):****2. Business entity ID number:***This is not the Federal Employer ID Number (FEIN)***3. Business entity name:***Name must match the name on record with the Secretary of State***4. State/Country of organization:****5. Current resident agent name and registered office address:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address***Kansas***City**State**Zip***6. New resident agent name and registered office address:***Address must be a street address
A P.O. box is unacceptable**Name**Street Address***Kansas***City**State**Zip***7. Effective date:**☐ Upon filing☐ Future effective date*Month**Day**Year***8. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.***Signature of resident agent**Date (month, day, year)**Name of signer (printed or typed)*